

**NON-EMPLOYEE ACCIDENT INVESTIGATION REPORT
HOUSTON COUNTY BOARD OF COMMISSIONERS**

Location of Accident _____ Address _____

Phone # _____

1. Name	2. Telephone No.	3. Sex M _____ F _____	4. Date of Accident
5. Home Address	6. Names of Others Injured in Same Accident, if applicable		
7. Nature of Injury and Part of Body.			
8. Name and Address of Physician, if known	9. Name and Address of Hospital		
10. Specific Location of Accident On Employer's Premises? ___ YES ___ NO	11. Time of Injury _____ A.M. _____ P.M.	12. Severity of Injury _____ Fatality _____ Medical Treatment _____ First Aid _____ Other, Specify _____	
13. Describe How the Accident Occurred			
14. Causal Factors. Events and conditions that contributed to the accident.			

Prepared By _____

Date _____

Title _____

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Department _____